

Case Number:	CM14-0116637		
Date Assigned:	08/04/2014	Date of Injury:	03/18/1997
Decision Date:	10/23/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 61 year-old female who has reported widespread pain over most of her body and mental illness after falling and/or so-called cumulative trauma on 03/18/1997. Prior to this injury she had chronic neck, back, and extremity pain. Her diagnoses include low back pain, status-post lumbar laminectomy, neck pain, status post cervical fusion, reflex sympathetic dystrophy, migraine headaches, knee degenerative joint disease, depression, and anxiety. Some reports refer to partial quadriplegia. Treatment has included multiple spine surgeries, physical therapy, injections, many medications, and psychotherapy. Per the PR2 (progress report) of 2/10/14, from the primary treating physician, there was ongoing widespread pain and the injured worker was using a walker. The list of 13 current medications did not include Metformin. That report referred to "abnormal weight gain" presumed to be caused by medications. No other information regarding weight gain or Metformin was provided. Per a treating psychiatrist report of 2/28/14, there had been weight gain caused by medications. The actual history of weight gain, weight loss attempts, current weight, current height, and Body Mass Index were not listed. Per a treating psychiatrist report of 6/27/14, the injured worker's mental status was improved. The injured worker had no appetite and her weight was stable. Topamax and metformin were discussed as treatment for weight gain. Metformin was prescribed due to lack of ability to lose weight with an exercise program. Weight was listed but there was no listing of height or Body Mass Index. No further details were provided regarding a specific treatment plan for obesity. On 7/8/14 Utilization Review non-certified metformin 500mg, noting the lack of indications. The Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Metformin hydrochloride tablets 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46-47. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Reference (online), Obesity Treatment & Management, UpToDate: Obesity in adults: Overview of management

Decision rationale: The MTUS does not provide direction for weight loss programs or obesity treatment. Medical necessity for a "weight loss program" or medically-directed weight loss is contingent upon more than just the presence of obesity or prescription of drugs to aid in weight loss. Per the UpToDate reference, patients with obesity should be stratified into risk categories based on Body Mass Index. Patients with a Body Mass Index over 40 are at highest risk and should receive lifestyle intervention, pharmacological therapy, and possibly bariatric surgery. Diet, exercise, and behavioral treatment are the most important strategies for weight loss. This UpToDate guideline lists several obesity management protocols from major national medical organizations. The Medscape reference cited above also recommends a comprehensive strategy for weight loss and notes that drugs have only a limited and temporary role in weight loss. Metformin is noted to have only mild effects on obesity, and that there is no FDA-recognized indication for metformin in weight loss. The treating physician has not provided sufficient information regarding this injured worker's past and current weight, Body Mass Index, prior treatment for obesity, specific details of any proposed obesity treatment, goals for treatment, and duration of any proposed treatment. It is not clear why a patient with no appetite would even require a weight loss program, as weight gain would seem to be a non-issue. Absent these kinds of specific details and treatment plan, a request for a weight loss drug lacks the necessary indications to demonstrate medical necessity, particularly when that drug does not have an FDA-recognized indication for weight loss and there is a lack of an adequate treatment plan for obesity.